



**State Public Health Laboratory**

This form to be used for a single sample. A sheet must be filled out for each sample submitted. Failure to complete form may delay testing.

SAMPLE COLLECTED BY / SUBMITTED BY (NAME)						DATE COLLECTED:					
AGENCY						TIME COLLECTED:					
						OFFICIAL SEALED		UNOFFICIAL UNSEALED			
ADDRESS (STREET NUMBER & NAME)						ORIGINAL CONTAINER			YES NO		
CITY STATE ZIP CODE						SAMPLE CONTAINER STERILE?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
DESCRIPTION OF SAMPLE						FOR LABORATORY USE					
PLACE WHERE SAMPLE WAS OBTAINED						LAB NUMBER		DATE RECEIVED			
NAME OF PRODUCER:						CONDITION OF SAMPLE ON ARRIVAL					
PRODUCER'S ADDRESS:						SATISFACTORY FROZEN NOT					
						UNSATISFACTORY ICED ICED					
						COMMENTS					
						-----					
						-----					
MFG. LOT #		EXPIRATION DATE		PERISHABLE NONPERISHABLE			TYPE OF CONTAINER				
APPEARANCE OF CONTAINER (SWELL, NORMAL, ETC.)											
REASON FOR ANALYSIS SURVEILLANCE COMPLIANCE		CONSUMER COMPLAINT FDA CONTRACT			SUSPECTED FOODBORNE ILLNESS REMARKS →						
TESTS TO BE PERFORMED (SPECIFY)											
LABORATORY TEST RESULTS											
					DATE REPORTED		TECHNICIAN				